H29219D

Change in Company's premium or rate level produced by rate revision effective		2/22/2010	
(1) <u>Coverage</u> 1. Automobile Liability Private Passenger	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**	
Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft	\$144,707	-47%	
5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail			
15. Other NEW MAN ACTUAL Line of Insurance Does filing only apply to certain territory (territories) or certain territories	certain classes? If so, specify:		
Brief description of filing. (If filing follows rates of an ad The filing proposes to revise the rating plan with changes policy type factors, increased limit factors, minimum pred deductible factors, Academy of General Dentistry Member group discounts and additional coverage options have been	to the base rate, territory factors, omiums and new dentist discount factorship credits, American Dental As	class plan factors ctors. In addition, ssociation Member credits,	
* Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from application of new rates.			
RECEIVED MAR 0 2 2010	National Union Fire Insurance Company of Pittsburgh, Pa. Name of Company		
STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD, ILLINOIS	Adam C. Reed - Vice Preside	nt icial-Title	

FILING#AIC-08-EO-10

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's pr	remium or rate lev	el produced by rate	revision
effective 4/1/2010			

-	(1)	(2) Annual Premium	(3) Percent			
	Coverage	Volume (Illinois) *	Change (+or-) **			
1.	Automobile Liability Private					
	Passenger					
_	Commercial					
2	Automobile Physical Damag		•			
	Private Passenger		_			
	Commercial					
3.	Liability Other Than Auto					
4.	Burglary and Theft					
5.	Glass					
6.	Fidelity					
7.	Surety					
8.	Boiler and Machinery					
9.	Fire					
10.	Extended Coverage					
11.	Inland Marine					
12.	Homeowners					
13.	Commercial Multi-Peril					
14.	Crop Hail					
15.	Other medical malpractice	951,128	2.80%			
	Life of Insurance					
•	Does filing only apply to certain territory (territories) or certain Classes? If so,					
	specify: all territor	ries and classes				
	Brief description of filing. (If filing follows rates of an advisory					
	Organization, specify organization): base rate change, class plan change, addition of					
	organization): base rate change, class plan change, addition of community based hospital program and revisions to various other rating components					
	community based nospital program and	revisions to various other rating cor	nponomo			
	*Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates.					

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MAR 3 1 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

ProAssurance Casualty Company

Name of Company LaQuita B. Goodwin, Compliance Specialist

Official - Title

